


ADDENDUM No. 3

TO: ALL BIDDERS
FROM: CITY OF HIALEAH
ITB #: 2015/16-2000-12-021
RE: MEDICAL SUPPLIES
DATE: September 19, 2016

The original contract documents for the entitled: **MEDICAL SUPPLIES** needs to be amended as noted in this Addendum No. 3.

This Addendum No. 3 consists of 1 typed page, 0 attachment, and 1 addendum receipt form (ARF). All other items and conditions of the original Contract Documents shall remain unchanged. This Addendum shall become a part of the Contract Documents.

Approved for issue:  Date: September 19, 2016
Angel Ayala – Purchasing Director

ACKNOWLEDGMENT

Receipt of this Addendum No. 3 shall be acknowledged in the space provided on the ADDENDUM RECEIPT form – ARF (Copy attached) now a part of the Contract Documents to be faxed immediately to the City of Hialeah Purchasing Division (305) 883-5871 and submitted with sealed bids.

QUESTIONS AND ANSWERS:

S&W Healthcare.

- Q1. Do you all have any estimated annual usage on the products you are requesting us to bid on?
- A1. Our annual Medical Supplies budget is 225K.
- Q2. There are not any product or reference #'s listed associated with each product on your excel documents. The products that say no sub should have some kind of # to reference to. Please advise?
- A2. The objects we placed no substitution on our Brand specific ie.; AMBU bag valve mask...the bag valve mask manufactured by AMBU corporation only...are they a distributor for that product?? If not do not bid on the item. Again, I-GEL Advanced supraglottic Airway Device...are they distributor for that product? Yes, then bid on the item if not do not bid on the item. COOK Emergency Pneumothorax SET (KIT)... are they distributor for that product? Yes, then bid on the item if not do not bid on the item. Reference numbers are No the item we want them to bid on...the specific product is what we want them to bid on that is why we are asking for item specific NOT reference specific items.

Hillmed Corp.

- Q1. Is it possible to get item #'s for all the items request on the bid?
- A1. Items are numbered on the left, the only items we listed "No substitution" are item specific. If not listed "No substitution" something comparable is accepted. For example; ADULT Nebulizer masks can be ANY, as long as they FDA approved nebulizer masks for adults.

CITY OF HIALEAH
MEDICAL SUPPLIES
ADDENDUM No. 3

CONTRACTOR'S NAME _____

ADDRESS _____

PHONE NO. _____

CONTACT NAME _____ SIGNATURE _____

THE BIDDER ACKNOWLEDGES RECEIPT OF THE FOLLOWING ADDENDUM BY SIGNING AND DATING BELOW:
(Copy of this form must be faxed immediately to the City of Hialeah at (305) 883-5871).

ADDENDUM

SIGNATURE

DATE

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